



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

LEAVE WITHOUT PAY INSURANCE OPTIONS — LOCAL EDUCATION/LOCAL GOVERNMENT

State of Tennessee • Department of Finance and Administration • Division of Insurance Administration

Suite 1300, William R. Snodgrass TN Tower • Nashville, Tennessee 37243 • 615.741.3590/1.800.253.9981 • Fax: 615.741.8196

INSTRUCTIONS: Read the following information regarding your insurance options while on an approved leave of absence. Select an option, then sign, date and return this form to your agency insurance preparer.

LEAVE WITHOUT PAY — INSURANCE SUSPENDED (CODE 22)

- Maximum period of two years.
- You must request suspension of coverage by completing this form prior to going on an approved leave or being in a past due status.
- **Re-enrollment is not automatic.** Within 31 days after returning to active employment you must complete an Enrollment/Change Application to re-enroll (or 90 days if returning from military leave). If you fail to re-enroll timely, you will only be eligible by satisfying one of the special enrollment provisions or qualify through medical underwriting.
- You may be eligible to enroll under spouse coverage as a dependent if your spouse is also an employee.
- You will be subject to PPO and POS (out of network) six month pre-existing condition if returning to work after six months if a Certificate of Coverage for other health coverage is not provided.
- All programs are suspended including dental, if applicable.
- Please refer to the Insurance Handbook for further information regarding reinstating coverage.

LEAVE WITHOUT PAY — INSURANCE CONTINUED (CODE 21)

- Maximum period of two years.
- You must request a continuation of coverage by completing this form prior to going on an approved leave.
- You will be billed at home for 100% premium.
- You can later suspend coverage (code 22) if unable to continue to pay the premium provided your request is made **prior to insurance terminating for non-payment or being in a past due status.**
- When returning to active duty, the Division of Insurance Administration must be notified to change the appointment type or you will continue to be billed at home.
- If insurance terminates for non-payment of premium, you must satisfy one of the special enrollment provisions or qualify through medical underwriting to re-enroll.

FAMILY MEDICAL LEAVE

- Leave is for a maximum period of 12 weeks and is approved by the employing agency.

TO BE COMPLETED BY EMPLOYEE

I have read the above options regarding my insurance while on an approved leave of absence and choose the following option regarding my coverage. I acknowledge the guidelines set forth above and accept the terms and conditions contained therein.

- ☐ Request to Suspend Coverage (Code 22) to be effective _____.
- ☐ Request to Continue Coverage (Code 21) to be effective _____.

Employee Signature	Social Security Number	Date
Insurance Preparer Signature	Agency	

Completed form to be sent to the Division of Insurance Administration. Notify Division of Insurance Administration when employee returns to work.